

# REGION VIII AGING SERVICES

**Mark Jesser, Regional Aging Services Program Administrator**

Serving: Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope & Stark Counties



# Fall 2007



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## AGING SERVICES NEWSLETTER

Please share this newsletter with a friend, co-worker, at your Senior Center, post on a bulletin board, etc. If you wish not to be on the mailing list for the newsletter, please contact **Mark Jesser** at **227-7557**. You are welcome to submit any news you may have regarding services and activities that are of interest to seniors in this region. **Badlands Human Service Center** makes available all services and assistance without regard to race, color, national origin, religion, age, sex, or handicap, and is subject to Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1975 as amended. **Badlands Human Service Center** is an equal opportunity employer.

## MISSION STATEMENT

In a leadership role, Aging Services will actively advocate for individual life choices and develop quality services in response to the needs of vulnerable adults, persons with physical disabilities, and an aging society in North Dakota.

*Region VIII Newsletter  
compiled by WCHSC  
Aging Services*

*Layout & design by   
Peggy Krein, WCHSC*



## **Get Smart: Know When Antibiotics Work**

### **What is an antibiotic?**

Antibiotics, also known as antimicrobial drugs, are drugs that fight infections caused by bacteria. Alexander Fleming discovered the first antibiotic, penicillin, in 1927. After the first use of antibiotics in the 1940s, they transformed medical care and dramatically reduced illness and death from infectious diseases.

The term "antibiotic" originally referred to a natural compound produced by a fungus or another microorganism that kills bacteria which cause disease in humans or animals. Some antibiotics may be synthetic compounds (not produced by microorganisms) that can also kill or inhibit the growth of microbes. Technically, the term "antimicrobial agent" refers to both natural and synthetic compounds; however, many people use the word "antibiotic" to refer to both. Although antibiotics have many beneficial effects, their use has created the new problem of antibiotic resistance.

### **What is antibiotic resistance?**

Antibiotic resistance is the ability of bacteria or other microbes to resist the effects of an antibiotic. Antibiotic resistance occurs when bacteria change in some way that reduces or eliminates the effectiveness of drugs, chemicals, or other agents designed to cure or prevent infections. The bacteria survive and continue to multiply causing more harm.

### **Why should I be concerned about antibiotic resistance?**

Antibiotic resistance has been called one of the world's most pressing public health problems. Over the last decade, almost every type of bacteria has become stronger and less responsive to antibiotic treatment when it is really needed. These antibiotic-resistant bacteria can quickly spread to family

members, schoolmates, and co-workers - threatening the community with a new strain of infectious disease that is more difficult to cure and more expensive to treat. For this reason, antibiotic resistance is among the Centers for Disease Control's (CDC) top concerns.

Antibiotic resistance can cause significant danger and suffering for children and adults who have common infections, once easily treatable with antibiotics. Microbes can develop resistance to specific medicines. A common misconception is that a person's body becomes resistant to specific drugs. However, it is microbes, not people, that become resistant to the drugs.

If a microbe is resistant to many drugs, treating the infections it causes can become difficult or even impossible. Someone with an infection that is resistant to a certain medicine can pass that resistant infection to another person. In this way, a hard-to-treat illness can be spread from person to person. In some cases, the illness can lead to serious disability or even death.

### **Why are bacteria becoming resistant to antibiotics?**

Antibiotic use promotes development of antibiotic-resistant bacteria. Every time a person takes antibiotics, sensitive bacteria are killed, but resistant germs may be left to grow and multiply. Repeated and improper uses of antibiotics are primary causes of the increase in drug-resistant bacteria.

While antibiotics should be used to treat bacterial infections, they are not effective against viral infections like the common cold, most sore throats, and the flu. Widespread use of antibiotics promotes the spread of antibiotic resistance. Smart use of antibiotics is the key to controlling the spread of resistance.

**Antibiotics kill bacteria, not viruses.**

## How do bacteria become resistant to antibiotics?

Antibiotic resistance occurs when bacteria change in some way that reduces or eliminates the effectiveness of drugs, chemicals, or other agents designed to cure or prevent infections. The bacteria survive and continue to multiply causing more harm. Bacteria can do this through several mechanisms. Some bacteria develop the ability to neutralize the antibiotic before it can do harm, others can rapidly pump the antibiotic out, and still others can change the antibiotic attack site so it cannot affect the function of the bacteria.

## How can I prevent antibiotic-resistant infections?

**Only use antibiotics when they are likely to be beneficial.**

Talk with your healthcare provider about antibiotic resistance:

- Ask whether an antibiotic is likely to be beneficial for your illness.
- Ask what else you can do to feel better sooner.

Do not take an antibiotic for a viral infection like a cold or the flu.

Do not save some of your antibiotic for the next time you get sick. Discard any leftover medication once you have completed your prescribed course of treatment.

Take an antibiotic exactly as the healthcare provider tells you. Do not skip doses. Complete the prescribed course of treatment even if you are feeling better. If treatment stops too soon, some bacteria may survive and re-infect.

Do not take antibiotics prescribed for someone else. The antibiotic may not be appropriate for your illness. Taking the wrong medicine may delay correct treatment and allow bacteria to multiply.

If your healthcare provider determines that you do not have a bacterial infection, ask about ways to help relieve your symptoms. Do not pressure your provider to prescribe an antibiotic.

*Content source: National Center for Immunization and Respiratory Diseases/Division of Bacterial Diseases*



## Depression and Aging

Everyone feels blue or sad now and then, but these feelings don't usually last long and pass within a couple of days.

Important life changes that happen as we get older may cause feelings of uneasiness, stress, and sadness. For instance, the death of a loved one, moving from work into retirement, or dealing with a serious illness can leave people feeling sad or anxious. After a period of adjustment, many older adults can regain their emotional balance, but others do not and may develop depression.

In fact, studies show that most older adults feel satisfied with their lives, despite having more physical ailments. However, when older adults do suffer from depression, it may be overlooked because they may be less willing to talk about feelings of sadness or grief, and doctors may be less likely to suspect or spot it.

If you or someone you care about seems to be dealing with depression, contact your physician to seek help. Depression is a common problem among older adults, but it is **NOT** a normal part of aging.

*Source: National Institute of Mental Health*

## **Questions and Answers about Influenza and the Injectable Influenza Vaccine (the “flu shot”)**

### **What is Influenza (the flu)?**

Influenza (flu) is a serious disease of the nose, throat, and lungs. It can make you sick for a week or longer with coughing, fever, aching, and more. It can lead to pneumonia and make already existing health problems such as diabetes, asthma, and heart disease worse.

### **Why should I get a flu shot?**

Each year in the U.S. about 36,000 people die from flu-related causes. Getting a flu shot is the BEST way to protect yourself from the flu.

### **Who should get a flu shot?**

- Everyone who is 6 months or older can benefit from the protection of a flu shot.
- The Centers for Disease Control (CDC) recommends that the following people be among the first to get vaccinated each year because they are at high risk of serious flu complications:
  - People who are 50 years or older
  - People of any age who have ever had a heart attack, have heart disease, have lung disease such as asthma, emphysema or chronic bronchitis; have diabetes, HIV, a blood disorder, kidney disease, or a weakened immune system
  - Children age 6 months and older until their 5th birthday
  - Pregnant women
  - People who live in nursing homes or assisted living facilities
  - People who have health problems that make it difficult to breathe or swallow
- CDC also recommends that people who care for or live with anyone listed above get a flu vaccine. This includes healthcare workers. Getting a flu vaccine will help stop you from bringing the virus home or to work and infecting others.

### **How does the flu shot work?**

The flu shot helps your body fight the viruses that cause the flu. It does this by teaching your immune system to recognize flu viruses, so that it is “primed” or ready, to fight the disease if you are exposed to it.

### **How well does the flu shot work?**

Most of the time, the flu shot will prevent the flu. In scientific studies, the effectiveness of the flu shot has ranged from 70% to 90% in healthy people younger than age 65 when there is a good match between circulating viruses and those in the vaccine. The vaccine may be less effective in older people or people with weakened immune systems. However, these people still benefit from getting the vaccine because it helps prevent severe illness, hospitalization and death from the flu.

### **What are the side effects of the flu shot?**

The most common side effects are soreness or redness where the shot was given. These symptoms go away in a few days. Other side effects such as fever or aches are extremely rare. In clinical trials, there was no difference in side effects between people who got the vaccine and people who got a placebo (“sugar pill”). The risk of severe allergic reaction is less than 1 in 4 million.

### **Can the flu shot give me the flu?**

No. The ingredients in the vaccine cannot cause the flu. The flu viruses in the vaccine are killed.

**When should I get a flu shot?**

October and November are the best months to get vaccinated, but December is not too late in most years.

**Can this shot help protect me against colds and other respiratory diseases?**

No. This vaccine protects only against the flu viruses contained in the vaccine.

**What is the nasal spray flu vaccine?**

The nasal spray vaccine is sprayed into a person's nose, instead of being given as a shot. It is approved for use in healthy people 5 through 49 years old who are not pregnant. It is a safe and effective vaccine.

For more information, ask your healthcare provider or call 800-CDC-INFO (800-232-4636) - Website [www.cdc.gov/flu](http://www.cdc.gov/flu)

**IS IT A COLD OR THE FLU?**

<b>Cold</b>	<b>Symptoms</b>	<b>Flu</b>
Rare	Fever	Characteristic, high (101-104°F); lasts 3 to 4 days
Rare	Headache	Prominent
Slight	General aches, pains	Usual; often severe
Quite mild	Fatigue, weakness	Can last 2 to 3 weeks
Never	Extreme exhaustion	Early and prominent
Common	Stuffy nose	Sometimes
Usual	Sneezing	Sometimes
Common	Sore throat	Sometimes
Mild to moderate, hacking cough	Chest discomfort, cough	Common; can become severe
Sinus congestion or earache	<b>COMPLICATIONS</b>	Bronchitis, pneumonia; can be life threatening
Respiratory hygiene	<b>PREVENTION</b>	Annual vaccination; antiviral medicines; respiratory hygiene
Over-the-counter medication for temporary symptom relief	<b>TREATMENT</b>	Antiviral medicines – see your doctor

# Medicare Strives to Help You Stay Healthy

Being physically active, eating a healthy diet, staying at a healthy weight, and not smoking all work to keep you healthy and help you live longer. But, there is more you can do to protect your health and prevent disease.

Don't overlook routine preventive services such as cancer screenings, and simple things such as getting a flu shot. These tests and services are critical to your overall health and can help you prevent diseases or detect them early, when treatment works best.

**Medicare Covered Preventive Services:** Check this chart to see what screenings and immunizations are covered under Medicare.

Bone Mass Measurements	Once every 24 months if you are at risk for broken bones. Covered more often if medically necessary.
Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam)	Once every 24 months. Once every 12 months if you are at high risk for cervical or vaginal cancer, or if you are of an age to have children and have had an abnormal Pap test within the past 36 months.
One-Time "Welcome to Medicare" Physical Exam	Covers all people whose Medicare Part B begins on or after January 1, 2005. One-time only exam within the first 6 months that you have Part B.
Breast Cancer Screening (Mammograms)	Once every 12 months for women age 40+. One baseline mammogram for women between the ages of 35 and 39.
Diabetes Screening, Supplies, and Self-Management Training	<ul style="list-style-type: none"> <li>• Screening: fasting plasma glucose test. Up to 2 screenings per year.</li> <li>• Coverage for glucose monitors, test strips, and lancets.</li> <li>• Diabetes self-management training. Must be requested by your doctor.</li> </ul>
Shots (Flu, Pneumococcal, Hepatitis B)	<ul style="list-style-type: none"> <li>• Flu shot: Once a year in the fall or winter.</li> <li>• Pneumococcal Pneumonia Shot: One shot may be all you will ever need. Ask your doctor. Most people only need this shot once in their lifetime.</li> <li>• Hepatitis B Shot: If you are at medium-to-high risk for Hepatitis B.</li> </ul>
Glaucoma Tests	Once every 12 months for people at high risk for glaucoma.
Cardiovascular Screening	Includes tests for cholesterol and lipid levels. Medicare will cover these tests every five years.



### Colon Cancer Screening (Colorectal) (Age 50+)

- Fecal Occult Blood Test: Once every 12 months.
- Flexible Sigmoidoscopy: Once every 48 months.
- Colonoscopy (no min age req): Once every 24 months if you are at high risk for colon cancer. If you are not at high risk for colon cancer, once every 10 years (or 48 months after a screening sigmoidoscopy).
- Barium Enema: Doctor can decide to do it instead of a sigmoidoscopy or colonoscopy. Once every 24 months if you are at high risk for colorectal cancer. If you are not at high risk, once every 48 months.



### Volunteers Needed

The Senior Health Insurance Counseling Program (SHIC) and Prescription Connection for North Dakota are looking for volunteers to provide services in areas across North Dakota.

**Senior Health Insurance Counseling Program (SHIC)** is a program that utilizes volunteers to assist Medicare beneficiaries with the following:

- SHIC counselors will help Medicare Beneficiaries understand the paperwork and statements that they receive after a doctor visit, hospital stay or other medical procedure(s).
- SHIC counselors will help sort out and reconcile Medicare statements and hospital or clinic bills, and help figure out what has been paid and what remains to be paid.
- SHIC counselors will help with claims filings or appeals if payment for a service has been denied.
- SHIC counselors will explain options for private insurance to supplement Medicare.

- SHIC counselors will help explain long-term care insurance and offer tools to help decide if it is the right choice.
- SHIC counselors have information on other resources, agencies and organizations if you have questions about other issues.
- SHIC counselors can assist with enrollment in a prescription drug plan, answer questions about this new benefit, and discuss qualifications for extra help to reduce drug plan costs.

### **Prescription Connection for North Dakota**

is a program that connects kids and families with free and discounted prescription drugs, direct from the pharmaceutical manufacturer.

Prescription Connection utilizes volunteers to assist recipients with completing the necessary paperwork.

Both programs utilize statewide volunteers and DO NOT have a minimum requirement of volunteer hours. The process of volunteer utilization includes connecting a counselor with a local beneficiary to provide the counseling and/or application assistance to pharmaceutical companies.

If interested, please contact Cindy Sheldon @ 1-888-575-6611.

# ND Family Caregiver Support Program

## Caregiving Skills for Living at Home

The call to become a caregiver rarely comes with a book of instructions. There is much to learn, from basic care issues involving assistance with daily living to special procedures related to specific conditions. Learning how to provide care properly and sensitively will help you feel more competent and therefore less stressed. Such competency can also prevent injuries to both you and the care receiver.



**Learning Caregiving Skills:** Caregiving skills are explained, often step-by-step, in numerous books written specifically for caregivers. These texts can be invaluable in initiating care and as ongoing references. Home health care and hospice agencies teach nursing care and procedures for correct body mechanics for the caregiver and the care receiver. Body mechanics include rules for the caregiver to prevent back and neck injuries plus correct positioning, moving, and transferring of the care receiver.

The American Red Cross and the American Heart Association teach CPR (cardiopulmonary resuscitation), with their classes often taking place within hospital health education programs.

Hospitals often teach nursing care or therapies for specific care needs once a care receiver is discharged to home.

Some voluntary health organizations or disease-related organizations also sponsor caregiving skills classes.

In addition to teaching skills, health care providers can recommend adaptive equipment to enhance safety, convenience and independence for the care receiver.

**Preparing the Home Environment:** First of all, making the home environment safe and user-friendly is imperative. Consider the following basics:

- Minimize clutter
- Provide adequate lighting. Older people need brighter lights
- Remove scatter rugs or at least put non-skid pads under them
- Remove dangling wires or wires under carpets
- Install smoke alarms that work
- Remove excess furniture
- Clear walkways throughout the house
- Adjust the height of chairs and bed to allow for easy access
- Provide bed, bath and meals on one floor
- Make sure there is a fire extinguisher in the kitchen
- Install grab bars near toilet, shower and tub
- Provide non-slip mats in tub and shower
- Install an elevated toilet seat
- Use an elevated bed or adjustable hospital bed to assist the caregiver in lifting
- Make a plan for power outages



**Planning Care:** Establish a plan of care that includes, but is not limited to:



- Medical history information
- Medications – name, dose, administration schedule and any specific instructions
- Diet
- Daily schedule of care and activities
- Functional disabilities – amount of assistance needed
- Special observations needed
- Names and telephone number of physicians and other health care providers
- Physicians' orders
- Telephone number of preferred hospital
- Names and telephone numbers of any services that regularly come into the home
- Names of those to call in an emergency, in addition to 911
- Health insurance plan and policy number
- Food likes and dislikes
- Special behavior management techniques

Having a plan for care is helpful for the family caregiver and any substitute caregivers who may provide respite care.

**Skills Needed for Daily Care:** Assisting care receivers with their basic human needs is called performing “activities of daily living.” It is very important to make sure the care receiver’s dignity and privacy are maintained at ALL times. These skills naturally include:

#### Eating

- ☐ Special diets and good nutrition
- ☐ Preparing and serving food
- ☐ Feeding care receivers who cannot feed themselves
- ☐ Monitoring intake

#### Infection control

- ☐ Hand washing and dish washing
- ☐ Cleaning methods



#### Personal hygiene

- ☐ Oral care
- ☐ Nail and foot care
- ☐ Hair care
- ☐ Shaving
- ☐ Baths
- ☐ Shower
- ☐ Tub
- ☐ Bed bath

#### Toileting

- ☐ Transfer to toilet
- ☐ Use of bedpans, urinals, and bedside commodes
- ☐ Catheter care
- ☐ Incontinence

#### Bed-making

- ☐ Making an occupied bed
- ☐ Prevention of soiling
- ☐ Care of soiled linen

#### Dressing

#### Skin Care and prevention of pressure sores

**Conclusion:** Statistics and experiences prove that many family caregivers give excellent care to their loved ones. Basic skills can be learned and practiced. Even complicated procedures, such as feeding tube use, ventilator care, oxygen administration, and intravenous pump use can be handled correctly by family members. At first, the tasks appear daunting, but with proper education and support, success is achievable. *Source: The Caregiver Helpbook; Powerful Tools for Caregiving*

**ALERT!****ALERT!****ALERT!**

## Medicare Part D Prescription Drug Plan changes may have dramatic impact on Medicare beneficiaries.

Medicare beneficiaries have the opportunity to change their Medicare Part D Prescription Drug Plan during the open enrollment period from November 15, 2007—December 31, 2007. Don't assume that your 2007 Plan is still the best one for you. Significant changes in Plan premiums, deductibles, co-pays, "gap" coverage, and formularies (list of drugs covered) could mean that you will pay considerably more if you stay with your current Plan. Every beneficiary needs to review Plans to see which one will serve them best in 2008. I strongly encourage everyone to use the internet site set up by the Centers for Medicare and Medicaid Services (CMS) to compare plans using your current medications. If you do not have internet access or don't know how to use the internet, please find someone who does. This is very important!! Go to [www.medicare.gov](http://www.medicare.gov), click on "Medicare Prescription Drug Plans-2008 Plan Data", then click on "Find and Compare Plans", then click on "Begin General Search" and follow the instructions.



### **THE SWITCH TO DIGITAL TELEVISION (DTV) IS COMING.**

**By law, all American television stations must** switch their broadcasting from analog to digital by February 17, 2009. Television sets connected to cable or satellite will not be affected, and will continue to receive programming after that date. But those analog television sets not connected to cable or satellite, or without a DTV converter box, will not receive any television signal after the date of the switch.

#### **Why the switch?**

**Under legislation passed by Congress** – the Deficit Reduction Act of 2005 – free local broadcast television stations are required to turn off their analog channels on February 17, 2009, and continue broadcasting exclusively in the digital format.

#### **Who's affected?**

**Consumers who receive free** television signals through antennas on television sets that are equipped with analog tuners – and who do not subscribe to cable, satellite or a telephone company television service provider – will be affected by the transition.

**At least 19.6 million households** receive over-the-air signals in their homes, and approximately 70 million television sets are at risk of losing their signals after February 17, 2009, if owners of these sets do not make the easy transition to DTV.

#### **Can I keep my analog TV set?**

**Yes. Buying a new digital television set** isn't the only option you have for navigating the DTV transition. If you wish to continue using your analog set, you must consider one of the following options to make the switch to digital television:

1. Purchase a DTV converter box, which will convert the new digital signal into the analog format for older televisions.
2. Switch to a cable, satellite or telephone company service provider to receive the new digital signal.

*An initiative of the National Association of Broadcasters, which represents more than 8,300 free, local radio and television stations and broadcast networks across the country. For more information, go to: [DTVAnswers.com](http://DTVAnswers.com)*

# Telephone Numbers to Know

## Regional Aging Services Program Administrators

<b>Region I:</b>	Karen Quick	1-800-231-7724
<b>Region II:</b>	MariDon Sorum	1-888-470-6968
<b>Region III:</b>	Donna Olson	1-888-607-8610
<b>Region IV:</b>	Patricia Soli	1-888-256-6742
<b>Region V:</b>	Sandy Arends	1-888-342-4900
<b>Region VI:</b>	Russ Sunderland	1-800-260-1310
<b>Region VII:</b>	Cherry Schmidt	1-888-328-2662
<b>Region VIII:</b>	Mark Jesser	1-888-227-7525 (local: 227-7557)

## ND Family Caregiver Coordinators

<b>Region I:</b>	Karen Quick	1-800-231-7724
<b>Region II:</b>	Theresa Flagstad	1-888-470-6968
<b>Region III:</b>	Kim Helten	1-888-607-8610
<b>Region IV:</b>	Raeann Johnson	1-888-256-6742
<b>Region V:</b>	Laura Fischer	1-888-342-4900
<b>Region VI:</b>	CarrieThompson-Widmer	1-800-260-1310
<b>Region VII:</b>	LeAnne Thomas	1-888-328-2662
<b>Region VIII:</b>	Michelle Sletvold	1-888-227-7525 (local: 227-7582)

## Long-Term Care Ombudsman Services

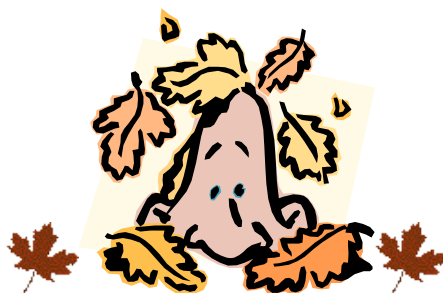
<b>State Ombudsman:</b>	Helen Funk	1-800-451-8693
<b>Region I &amp; II:</b>	Michelle Jacob	1-888-470-6968
<b>Region III &amp; IV:</b>	Kim Helten or Donna Olson	(701-665-2200) OR 1-888-607-8610
<b>Region V &amp; VI:</b>	Bryan Fredrickson	1-888-342-4900
<b>Region VII:</b>	Helen Funk	1-800-451-8693
<b>Region VIII:</b>	Mark Jesser	1-888-227-7525

## Vulnerable Adult Protective Services

<b>Region I &amp; II:</b>	MariDon Sorum	1-888-470-6968
<b>Region III:</b>	Ava Boknecht, Kim Helten, or Donna Olson	1-888-607-8610
<b>Region IV:</b>	Patricia Soli	1-888-256-6742
	Direct referral to GFCSS VAPS:	1-701-797-8540
	RaeAnn Johnson Vulnerable Adult Team (VAT):	1-888-256-6742
<b>Region V:</b>	Sandy Arends	1-888-342-4900
	Direct referral may be made to Cass County Adult Protective Services unit:	1-701-241-5747.
<b>Region VI:</b>	Russ Sunderland	1-701-253-6344
<b>Region VII:</b>	Cherry Schmidt or Sheila Lindgren,	1-888-328-2662 or 1-701-328-8888
<b>Region VIII:</b>	Mark Jesser	1-888-227-7525

## Other

Aging Services Division and Senior Info Line:	1-800-451-8693
AARP: (1-888-OUR-AARP)	1-888-687-2277
ND Mental Health Association	
(Local):	1-701-255-3692
Help-Line:	1-800-472-2911
IPAT (Assistive Technology):	1-800-265-4728
Legal Services of North Dakota:	1-800-634-5263
or (age 60+):	1-866-621-9886
Attorney General's Office of Consumer Protection:	1-701-328-3404 1-800-472-2600
Social Security Administration:	1-800-772-1213
Medicare:	1-800-633-4227
Senior Health Insurance Counseling (SHIC)	
ND Insurance Department:	1-701-328-2440
Prescription Connection:	1-888-575-6611
Alzheimer's Association:	1-701-258-4933 1-800-232-0851



## Upcoming Events

* National Depression Screening / Depression Month:	October
* Daylight Savings Time Ends - "Fall Back" One Hour:	November 4, 2007
* Regional VIII Council on Aging Meeting:	November 5, 2007
* Veterans Day:	November 11, 2007
* Thanksgiving Day	November 22, 2007
* National Family Caregiver Month:	November
* Diabetes Month:	November
* Medicare Part D open enrollment period:	Nov. 15—Dec. 31, 2007

**Mark Jesser**  
**Regional Aging Services Program Administrator**  
**Badlands Human Service Center**  
**200 Pulver Hall**  
**Dickinson, ND 58601-4857**

Phone: 1-701-227-7557  
Toll Free: 1-888-227-7525  
Fax: 1-701-227-7575